

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101538005** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6	1		1				
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50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	4	↔	4	↔		↔	
TOTAL CLAIMS	4		4				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.						↓	
TOTAL DEP.						↔	
TOTAL CLAIMS							↔